STARK STATE SECURITY DEPARTMENT
BACKGROUND CHECK REQUEST

OFFICE USE ONLY

Operator Initials: **OR Bill to:** _____

STATUS

COMPLETE **Date in Banner:** _____ **Eligible / Ineligible**

MAILED **Date rec'd:** _____ **Eligible / Ineligible**

SENT

Dept.: _____ **Date:** _____

Rap Sheet Form:

NOTE: Unless otherwise directed, ALL Background Checks are conducted at SSC Main Campus, 6200 Frank Ave., North Canton, Ohio 44720, S Building, Room S103

○ **BCI** ○ **FBI** ○ **BCI and FBI**

Student ID#: S00_____

Personal Information (please print)

Name: _____

Date of Birth: _____

Phone: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

REASON for Background Check:

HR-POTENTIAL HIRE REQUIRED for LICENSE/PERMIT SSC PROGRAM REQUIREMENT PREAPPLICATION TO PROGRAM

SSC PROGRAM: _____

GRADUATING IN THE NEXT 12 MONTHS OR NEED IT SENT TO A BOARD? PLEASE CIRCLE AND ADVISE OPERATOR!

Direct copies need sent to:

Ohio Board of Nursing
Ohio PTA/OTA Board
Ohio State Dental Board
Ohio Department of Education
State Medical Board of Ohio
Social Work Board
ODJFS **(all Education Major students need to circle)**

(For Outside Agency only)

Address for results to be mailed to: _____

_____

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to **STARK STATE COLLEGE or agency listed above**. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

_____ _____

Applicant's Name (please print) **Witness Name (please print)**

_____ _____

Applicant's Signature **(date)** **Witness Signature**

_____

Parent/Guardian Name (please print)

_____

Parent/Guardian Signature (Minor Applicants only)

BY SIGNING THIS FORM, THE APPLICANT ACKNOWLEDGES THAT ALL INFORMATION ON THIS FORM IS ACCURATE. ANY MISTAKES OR ERRORS ON THIS FORM ARE THE RESPONSIBILITY OF THE APPLICANT.

STARK STATE COLLEGE
SECURITY DEPARTMENT
6200 Frank Ave NW, North Canton, OH 44720
(330) 494-6170 Ext. 4512

Authorization and Release for BCI/FBI Background Investigation Disclosure

I. Authorization to Release Criminal Background Information

I, _____, hereby authorize the release of my **BCI (Bureau of Criminal Investigation) and FBI criminal background check results** to the following school personnel for official purposes, volunteer service, or program participation review.

Recipient(s): See attached addendum.

II. Purpose of Release

This release is provided for the purpose of allowing school personnel to verify and review my criminal background investigation results in accordance with state and federal requirements for participation in educational training.

III. Waiver and Acknowledgment

By signing below, I acknowledge and agree to the following:

- I voluntarily authorize the release of my BCI/FBI background check results to Stark State College's Health and Public Services personnel.
- I understand that the background investigation contains sensitive and confidential information and will be used solely for the purpose stated above.
- I release the entity or agency providing the background check results, and the receiving school personnel, from any liability or claims resulting from the authorized disclosure of this information.
- I confirm that this waiver complies with all applicable federal, state, and local laws, including but not limited to the Fair Credit Reporting Act (FCRA), if applicable.

IV. Expiration and Revocation

This authorization remains valid for **one year from the date of the authorization signature**, unless revoked in writing. I understand that I may revoke this authorization at any time by providing written notice to the school or institution. Any release made prior to the receipt of such revocation will not be affected.

V. Signature

Signature: _____

Printed Name: _____

Date: _____

Phone: _____

Email: _____

Program of Study: _____

Place your initials in the box in acknowledgement that you have received copies of the Authorization and Release for BCI/FBI Background Investigation Disclosure and the List of Recipients by Program of Study addendum. ☐